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ABSTRACT

In a collection of seven essays, the authors explain some of the problems in developing outreach programs for handicapped children and offer examples, from their own programs, of successful efforts. Included are entries on the development of replicable products in the Chapel Hill Project (A. Sanford), target audiences among Head Start Programs (C. Murphy, Jr.), Head Start Outreach activities such as Project TAPP (Technical Assistance to Preschool Programs) (J. Jelinek), the use of media in the delivery of Language Development Programs' services (K. Horton and D. Prince), some ideas found successful in Project CEEP (Childrens Early Education Project) for replication efforts or outreach activities (K. King), efforts to evaluate Portage Project (N. Schortinghuis), and continuation funding for the Preschool Special Education Project (C. Jordan). (SB)

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OUTREACH

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PREFACE

The success of education and service programs for the handicapped often depends upon the age at which service is begun. For many children, service provided early will make possible a relatively normal life. Services begun later, however, may make habilitation difficult, if not impossible. The problem of providing services centers primarily on the difficulty of coordinating resources and children. How, for example, in a country that is estimated to have more than 1,000,000 handicapped children, do you provide everyone with the services that they need?

This is a question that the legislators who passed the Handicapped Childrens Early Education Program (HCEEP) in 1968 had to consider. The approach they decided to pursue was to authorize the establishment and operation of model early education projects. Each project was to serve a particular local population. More importantly, each was expected to seek funding sources which would support the project or its program after three years, the point at which government funding would be terminated. All of the projects were expected to develop programs, in three years, which could be used—in whole or in part—by other groups serving the handicapped. It was the transferability of the program which the legislators counted upon to promote service to the total U.S. handicapped population. It was also through promoting the programs they developed that the projects could expect to find alternative funding sources. In short, the success or failure of the HCEEP was tied directly to the transferability of the programs.

The words which most often have been used to describe this transfer activity are "outreach" and "replication." If a project finds money to continue its operation after government funding has been decreased or terminated or if the project finds another group or organization that wishes to use its program with a new group of children, the project is said to be in "outreach." In other words, it has found someone who is willing to pay for the program's partial or total reproduction (replication) for a new group of children; it has successfully reached out to the community for help in transferring the services it developed under the auspices of the HCEEP.

In 1973 and 1974, TADS conducted a number of workshops to help identify and resolve the problems that projects were experiencing in replicating their programs. Two of the results of these workshops are the publications: Outreach, Replicating Services for Young Handicapped Children *and this special edition of* Cycles. *The first publication contains some of the papers presented at the workshops by distinguished educators from special education and related fields. The special edition, on the other hand, is a collection of essays by persons from the outreach projects and, in the case of Mr. Murphy, from the Office of Child Development. The authors of these papers explain some of the problems that trying to "reach out" may entail, and they offer examples, from their own programs, of what it means to reach out successfully.*

Anne R. Sanford is the Director of the Chapel Hill Training - Outreach Project in Chapel Hill, North Carolina.

Her major professional interests are (1) the training of personnel who serve young handicapped children and their families and (2) the development of materials for prescriptive services to the handicapped child and his or her family. Ms. Sanford is presently conducting research on the impact that integrating handicapped children into Head Start will have on the children.

Ms. Sanford has published a number of papers on the subject of planning in programs for the handicapped.

She received her degrees from Auburn University in Alabama and the University of North Carolina at Chapel Hill.

Developing Replicable Products

Anne R. Sanford

In 1969 the Chapel Hill Project was funded through the Chapel Hill-Carrboro Public Schools as one of the original First Chance programs. The Project's initial three years were spent in the development and demonstration of innovative materials, curricula, and methods for serving young handicapped children and their families. In 1972 the Chapel Hill Project was named one of twenty "exemplary" BEH programs providing services to handicapped persons.

From the demonstration phase through the three years of outreach activity, several distinctive products have been developed:

(1) The Learning Accomplishment Profile (LAP) is an instrument for
- generating developmentally appropriate objectives
- programming the sequence of pupil learning
- recording pupil progress
- measuring pupil change.

(2) A Curriculum Guide provides forty-four weekly units containing daily correlated multi-sensory activities based on the LAP.

(3) Working With Families, a manual for developmental centers, is designed to involve the families of handicapped children.

(4) A Comprehensive Training Program includes a competency-based manual, multi-media training packages, and strategies for delivery of training.

(5) Three Models for Replication in Local Early Childhood Agencies provides strategies for implementation of Chapel Hill products. They include
- a model of services in a developmental center for handicapped children
- a Bureau of Education for the Handicapped - Office of Child Development (BEH-OCD) collaboration model for main-

streaming handicapped children in Head Start
- a state model of K-1 Resource Services in a public school.

(6) A System for Replication on the State Level outlines a means for development and implementation of a statewide network of replicated services to Developmental Day Care Centers, public schools, residential institutions, and Head Start.

(7) A System for Replication in Head Start on the Regional Level provides a model for establishing a multi-state training network to coordinate the services of many regional resources.

REPLICABILITY OF THE PRODUCTS

A variety of target audiences have found that the Chapel Hill products meet the requirements of potential replicability.

(1) Generality. The Project's developmental approach to evaluation, curriculum, and methodology focuses on the concept of individualization which is basic to all sound early childhood programs.

The Chapel Hill materials may be used easily and effectively by any program serving:
- children within the developmental ages of 0-6
- children in an individual or group setting
- children with multi-handicapping conditions
- staff with limited training and expertise

The Chapel Hill Project has demonstrated the efficacy of its products with a number of target audiences. Trainees have included personnel from day care centers for the handicapped, Head Start, public schools, kindergartens, and state institutions for the retarded.

The Region IV Head Start program adopted the Chapel Hill products as the basis for services to handicapped children in the eight-state area. Region IV comprises one-third of the nation's Head Start enrollment.

Numerous BEH First Chance Projects have adopted the Learning Accomplishment Profile and

curriculum for use in their programs. The program's wide appeal is suggested by the fact that it has been replicated by diverse cultural groups and organizations: Indian reservations; migrant programs; inner city agencies; Appalachian poor; university teacher-training personnel; and the southern rural poverty programs.

(2) Revelance. A goal of the Chapel Hill Project is to relate sound theoretical principles to practical, relevant educational strategies. A task-analysis approach to the typical early childhood curriculum provides specific guidance in teaching the handicapped. Personnel representing all levels of expertise have found Chapel Hill products relevant to their endeavors. For example, a study of the participants in the project's state course revealed a wide range of educational backgrounds. However, post-training evaluations have indicated no correlation between the trainee's background and the usefulness of the course. All participants place high value on the project's "relevant, practical materials and methods."

A primary strategy for determining priorities in product development is intensive classroom involvement. The Project Director served as the initial pilot teacher in a "laboratory class" for generating effective teaching strategies, materials, and curriculum. Continued response to the needs of target audiences has helped us develop worthwhile products for enhancing teacher competency.

SPECIFIC ATTRIBUTES OF CHAPEL HILL PRODUCTS

Extensive dissemination of Chapel Hill products underscores their conveyability. Thousands of copies of Chapel Hill materials have been distributed at minimal or no cost to trainees.

The Project's flexibility in modifying materials for use by specific target groups has enhanced replication of the products. For example, a condensed form of the LAP was developed for use in group screening

of Head Start and regular kindergarten children. The Anchorage, Alaska, First Chance Project developed a pictorial version of the LAP for use with Eskimo families.

STAFF CAPABILITIES

The major thrust of the outreach effort is the practical application of sound theory. It has been necessary, consequently, for the interdisciplinary staff to have knowledge and expertise based on actual experience. The role change from practitioner to trainer usually involves further development of the staff member's skills in communicating the project's message. The Chapel Hill experience indicates that the competent practitioner is usually the most effective and credible training resource.

DELIVERY SYSTEM

In the initial phase of outreach, nearly all dissemination was accomplished through personal contacts involving extensive travel commitments. The program served as a "persuader" in influencing acceptance of new concepts in the delivery of services to handicapped children. Once the project was identified by the trainee as a generous and effective resource, collaboration on replication became a reality.

Project credibility has increased the requests for assistance in specific areas of programming. Awareness of the practitioner's needs has encouraged production, and the staff's close contact with target audiences has assured the program of a ready network for replication. Such a positive forum for creativity has encouraged staff responsiveness to product development.

Due to an increased demand for the project's services and through the establishment of state, regional, and national networks of training services, the Chapel Hill Project has broadened and strengthened its delivery systems. The development of satellite programs and "training to train" strategies have provided effective alternatives to personal delivery of products.

Replication of Chapel Hill products has provided inherent positive reinforcement on several levels:

(1) Programs replicating the Chapel Hill model have documented dramatic change in the progress of pupils.

(2) Teachers' success through use of appropriate teaching methods has

promoted feelings of staff competency.

(3) A shift in focus from traditional teacher-training "credentialling" systems to competency-based programs has boosted the status of para professionals.

(4) The provision for multi-levels of course credit has proved to be professionally beneficial.

(5) The challenge of creative curriculum development with a task-analysis approach has rejuvenated staff morale in numerous agencies.

(6) Training in prescriptive services to families has benefited agencies, families, and children.

(7) Inter-agency collaboration in establishing a training network has increased the quality and quantity of services to handicapped children.

(8) Strategies which provided evidence of program accountability have generated multi-level funding support.

(9) The Chapel Hill Project's developmentally-based curriculum has provided a workable system for mainstreaming handicapped children.

(10) The success of the Chapel Hill products has generated the funding of six additional grants to finance project replication of services to handicapped children on the local, state, regional, and national level.

The extensive services of the Chapel Hill Outreach Project have evolved from the cooperative efforts of numerous inter-disciplinary staff members, parents, graduate students, and in-service personnel -- all of whom are committed to optimal development of young handicapped children.

Clennie H. Murphy, Jr. is the Chief of the Regional Support Division at the Office of Child Development in Washington, D.C.

Mr. Murphy has received undergraduate and advanced degrees from Howard University.

Target Audiences Among Head Start Programs

Clennie H. Murphy, Jr.

INTRODUCTION

The Head Start Program was launched in the summer of 1965. Its objectives were based upon a report submitted in February of 1965 by a panel of child development experts chaired by Dr. Robert Cooke. The panel recommended a comprehensive approach to meeting the individual needs of the children enrolled in the Program. The objectives of the approach were: to improve the child's physical health; to foster his social and emotional development; to strengthen the family's ability to relate positively to the child and his problems; to develop in the child and his family a responsible attitude toward society; and to increase the sense of self worth within the child and his family. Today, these remain the basic objectives of Head Start; they apply to all children, including the handicapped, served by the Program.

In 1972, the Equal Opportunity Act made it a law that at least 10% of the total number of Head Start enrollment opportunities in the nation be available for handicapped children. It further specified that handicapped children be provided with the services required to meet their special needs; that they be served in an integrated setting with other children; and that an annual report which would include information on kinds of handicaps encountered, services provided, etc., be made to the Congress on the status of the children.

To comply fully with the law, Head Start in 1973 initiated a three year improvement and innovation effort in services for the handicapped. From the effort, the latest phase in a continual search for newer and more effective ways of serving low income children and their families, three major activities with important implications for services to handicapped children emerged. The activities are:

(1) The improvement of local program quality through required program

performance standards.

(2) The introduction of program options that enable and encourage local communities to individualize services in order to meet the needs and capabilities of individual children and their families.

(3) The initiation of experimental programs for developing, testing, and disseminating alternative approaches to the delivery of program services.

To help accomplish these activities, grantees and delegate agencies are encouraged to develop collaborative relationships with community agencies such as community mental health centers, crippled children's agencies, the National Institute of Mental Health, state development disability councils, BEH, and similar organizations.

THE TWO PROGRAMS

First Chance and Head Start project staffs can benefit and learn from each other. For example, some Head Start staff members may find themselves dealing with new and difficult feelings, such as insecurity about being able to help a handicapped child. The First Chance staff can assist the Head Start staff (in joint training sessions) in understanding and coping with the feelings. Head Start staff members conversely may be able to offer ideas in program development. For example, the new Program Options Policy (N-30-334-1) provides alternatives (which might be of interest to some First Chance projects) to the normal five-days-a-week classroom based program. It consists of five options:

1) The standard Head Start Model is the traditional five days-a-week, center-based Head Start program.

2) Variations in center attendance allow some or all children in the Program to attend Head Start less than five days a week.

3) Double sessions permit Head Start to operate two different sessions during the day, using the same facilities and staff.

4) The home-based option focuses on the parent as the most important person in the child's development and focuses on the home rather than the center for that development.

5) A locally designed option is intended to provide Head Start children with a program designed by their local community in response to the community

assessment of special needs and available resources.

In order for the two programs to work together effectively, they each need to be aware of the circumstances in which the other is working. For example, the administrative structure of the Head Start Program, and the network of relationships that exists among grantee, delegate agency, and the Head Start center are items of information which may be helpful when trying to work out collaborative efforts. Likewise, knowledge of the children with handicapping conditions in the local Head Start program and of the special facilities and materials available within that program, are essential for sharing to occur. In short, members of both staffs should be familiar with the services that each can provide to the handicapped child.

It would be helpful if both Head Start and First Chance staffs would develop common terminology, ways of recording data, objectives for handicapped children, and a system for seeing how well objectives are met. This similarity in approach would facilitate collaboration.

FIRST CHANCE TO HEAD START

There are several areas in which First Chance projects can help their neighboring Head Start programs. Specifically, they can help in program planning, in-service and staff training, enrollment, diagnosis, parent education, and outreach.

Program Planning. The Head Start policy on services to handicapped children states that program plans should be developed in cooperation with other community agencies serving handicapped children. Knowledge of the services that a particular First Chance project can provide (e.g., training, technical assistance) and of the kind of children the project serves (e.g., deaf and blind) can help the Head Start group plan ways of filling the needs of their handicapped youngsters. If the Head Start program is in need of services not provided by the local First Chance project, then the First Chance project becomes particularly important because it can refer the Head Start program to the appropriate group.

In-Service and Staff Training. Approximately 92% of the Head Start programs which responded in a recent survey indicated that pre-service training was needed prior to the start of classes. Eighty-six percent of the programs serving handicapped children expressed a need for

in-service training programs. Depending on the need of the Head Start program with which you are working, the following subjects could be included in an in-service or staff training program:

1) how to help Head Start staff understand their feelings about children with special needs, change negative or hostile feelings, prevent children and families from being mislabled or stigmatized because of a particular handicapping condition
2) how to identify special needs
3) how to promote normal growth and development with emphasis on areas relevant to the special needs of children
4) how to work with parents in terms of education, counseling, involvement in programs, etc.

First Chance staff can help train Head Start staff in specific areas. Many Head Start programs involved in collaborative efforts, for example, have asked for training in areas such as: the identification of handicapped children; the attitudes and sensitivity of staff; and training for those working with the handicapped. A large number of the programs asked for training in assessing children with handicaps, in determining and providing the kinds of special help the children need to overcome their problems, and in providing socialization activities which will be beneficial to most handicapped children. Of course, training will vary with individual program circumstances.

Enrollment. In a recent survey of several hundred Head Start programs, almost half indicated that they had some difficulty enrolling children. First Chance can help by identifying handicapped children in the community and referring them to Head Start for enrollment.

Diagnosis. Because of their highly sophisticated professional staff, many university resources, and the resources of other professional organizations, First Chance can provide some kinds of diagnostic assessment. Many different kinds of problems arise at Head Start, however, and a given First Chance project may focus on only one or two of the kinds of problems with which a particular Head Start program is faced. Fortunately, First Chance projects are in a position to refer the program to other sources. In many cases, the two projects can work together to compile a state and local resource file which provides the names, addresses, phone

numbers, eligibility requirements, and other pertinent data on the kinds of special assistance available from a variety of sources: such as, crippled children's societies, the Cerebral Palsy Association and the local Foundation for the Blind.

Parent Programs. Families with children who have handicaps face more problems than other families. The Head Start staff needs to understand these problems. For example, parents often find it difficult to accept a child because of his handicap. Negative and guilt feelings may be reduced if the parents see that teachers, other parents, and other children accept and value their handicapped child.

Most parents with handicapped children have difficulty in locating and/or using services and programs to meet their child's individual needs. First Chance people can help parents locate resources in the community or mobilize support for such resources. Parents may need financial assistance and counseling or they may need a specialist to evaluate their child's program; staffs can help by knowing what and who is available in their area. Since parent participation is an important component of both programs, cooperation in this area is of the utmost importance.

Parent components of First Chance and Head Start can work together to increase public understanding of children with special needs. Acceptance of children with special needs by parents and other children can be crucial in determining whether or not the handicapped child succeeds.

Outreach. Replication (or outreach) is an area in which Head Start and First Chance can help each other. First Chance projects can replicate, for use by other Head Start programs or agencies serving handicapped children, all or part of the Head Start Program that appears to be exemplary.

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She holds degrees from Fort Hays Kansas State College and the University of Wyoming. She has done research in the area of program development models, and her major professional interests are preschool children with language handicaps and the training of paraprofessionals.

Outreach Activities to Head Start Programs

Janis A. Jelinek

Project TAPP (Technical Assistance to Preschool Programs) is an Outreach project of the University of Wyoming's Communicative Disorders and Parent Training Program. Funding for this program is a joint effort of the Bureau of Education for the Handicapped, Wyoming Head Start agencies, and the University of Wyoming. The staff of Project TAPP is presently serving some 320 Wyoming Head Start children. Approximately ten percent of these children have special needs in many areas of exceptionality; the remainder of the children are in language development programs. Although our staff's major area of expertise is Speech Pathology/Audiology, it is our philosophy that most children diagnosed as having special needs have some type of communication disorder.

TRUISMS OF HEAD START OUTREACH ACTIVITIES

We found that extending outreach activities to all Head Start centers in Wyoming was a rather easy process, partially because we did some pilot programming with one agency while we were in the model-demonstration phase of our project. I would strongly advise model-demonstration programs that are in their first, second, or third year of funding to become involved with local Head Start programs on at least a limited basis.

An important truism that we have learned in working with Head Start programs is that replication is not duplication. We as model-demonstration projects may not be able to implant our original model in existing Head Start programs. In fact, we found that the TAPP model often became an addition to, an overlayed function on, programs which had been in existence for several years. I do not mean to imply that individual program models, as such, have nothing to offer Head Start programs. What I do mean to

imply is that we as projects must mesh ourselves with existing programs and work with the expressed needs of each program. We must remember that the Head Start philosophy is to work with the whole child and not just remediate the exceptional.

A further truism is that, in all likelihood, your project may not be the only source of help to Head Start programs in meeting the needs of their children with special needs. The National Offices of Child Development are making a concerted effort to provide resource help to individual programs through consultants and workshops. It is incumbent on individual Outreach programs to coordinate our programming efforts with other professionals in the local communities who are providing consultative services, or potentially will be providing consultative services, to Head Start programs.

After one year's experience in working with Head Start programs on an intensive basis, we feel that outreach services must be more than training workshops or screening and diagnostic services. We feel that training, screening, and diagnosis must be supplemented with regular in-center technical assistance by the project staff. The kind and amount of in-center technical assistance will, of course, vary from area to area.

Before turning to the specifics of our outreach activity, let me say a few words about parent programming. It has been much more difficult to develop ongoing programs for parents in Head Start than it was in our model-demonstration project. I am not certain what the ingredients are that have been a deterrent to our efforts. I am, however, certain of several factors, including 1) the lack of staff time in local Head Start programs for developing parent programming according to the model we have developed in our model-demonstration project; and 2) the concept of parents as policy makers only in some Head Start programs. I do feel that as we move to various Head Start programming options, such as part in-center part home-based programs, we will be able to develop more viable programs for parents.

PROJECT TAPP MODEL OF SERVICES TO HEAD START PROGRAMS

The components of Project TAPP's services to Head Start include: 1) staff training for Head Start personnel who deal with the handicapped child; 2) development of a communication aide

(paraprofessional) training program; and 3) in-center technical assistance for evaluation, programming, and continued training.

After evaluating the needs of Wyoming Head Start programs, it was determined that their greatest needs were in the areas of evaluating children and providing direct programming/training services. Local program personnel were trained to carry out screening procedures. Following these screening procedures, diagnostic evaluations were carried out by Project TAPP staff.

In order to provide direct programming services in an area of some 260,000 square miles with limited funds and staff and with a dearth of local professional personnel, it was necessary to incorporate further paraprofessional training into our program. The initial phase of the paraprofessional training was a competency-based workshop covering 1) normal development; 2) handicapping conditions; 3) behavior modification techniques; 4) commercially available materials for language development; and 5) other types of prescriptive programs.

Further training for both the paraprofessionals and other center staff took place at the center or agency level on an individual basis or in special workshops. In the individual centers, the aides delivered language development programs to the majority of the children as well as prescriptive programming to the children with special needs. The "language development" and "special prescriptive" programs were determined by Project TAPP staff. In most cases, the language development programs or the special prescriptive programs were administered by the aides on a daily basis. The aides were monitored and given technical assistance on a regular basis.

SUMMARY AND CONCLUSIONS

Head Start programs have been the major target of outreach activities by the Project TAPP staff. The Head Start population is a very viable target for outreach activities because of the 1973 mandate that directed Head Start, on a regional basis, to allow ten percent of their enrollment to be handicapped. We must remember, however, that the project's model and the activities carried out with the individual programs must be meshed with the goals, philosophies, and needs of the individual Head Start programs. Outreach programs that opt to provide services to Head Start programs must continuously reassess their services and the needs of the local Head Start programs, in order to provide optimum technical assistance.

Kathryn B. Horton is Chief of Language Development Programs at the Bill Wilkerson Hearing and Speech Center; 1114 19th Avenue, South; Nashville, Tennessee. She is also a professor in the Department of Hearing and Speech Services at Vanderbilt University.

Her major professional interests include language development and deviancy in very young children, and development of mediated instructional programs for parent-teaching and continuing professional education.

She has done research in several areas affecting the deaf, including: programs for parents of deaf children, the teaching of deaf children, and differences between organic and non-organic hearing loss in a veteran population.

Ms. Horton holds degrees from Vanderbilt University.

Daniel B. Prince is a communications consultant to the Language Development Programs at the Bill Wilkerson Hearing and Speach Center in Nashville.

He has participated in the writing or editing of a number of professional journal articles, training manuals, booklets, and brochures.

His major professional interest is the application of management and mediated communication's tools to non-profit organizations.

He holds degrees from the University of North Dakota and Vanderbilt University.

The Use of Media in the Delivery of Services

Kathryn B. Horton
Daniel B. Prince

Developing communication skills for the hearing, speech, and language impaired is the goal of the Bill Wilkerson Hearing and Speech Center in Nashville, Tennessee. Effective early intervention during the critical developmental years is the major concern of the Language Development Programs (LDP) division of the Center. First activated in 1968, the purpose of this division is to bring related services for the habilitation of children, 0-6, with seriously delayed language together into one unit, irrespective of cause.

For children with communication disorders, their families, professionals, and all others concerned, our program offers a continuum of services. The four major components of the program are:

1. The Mama Lere Parent Teaching Home
2. The Acoustic Preschool Program for Hearing Impaired
3. The Preschool Program for Language Impaired
4. Outreach

The parent training program and the preschool programs serve families within a 250 mile radius of Nashville. Through the dissemination of materials and staff consultative services, the Language Development Programs are able to serve the entire United States by providing appropriate services to organizations and communities interested in developing similar programs for children with communicative disorders.

In our setting, media plays a prominent and increasingly significant role. In both the direct delivery of services to our clients and the dissemination of information to other agencies, we have come to rely on a variety of media to increase our effectiveness and minimize delivery costs. Media serves three important functions in our program: 1) documentation, 2) training, and 3) promotion.

DOCUMENTATION

With the help of a staff technician, teacher-counselors in our parent facility operate basic 1/2 inch television equipment to record client interactions for later evaluation. Some of these tapes are erased and used in subsequent sessions, but others are retained as "documentation" for supplementing conventional written progress reports with a permanent visual file.

TRAINING

Materials that have as their main subject "how to do it" are considered training materials. Nearly twenty audiovisual programs have been produced by the Bill Wilkerson Center for use in training speech and hearing professionals, mainstream and special educators, medical practicioners, and parents. Some programs illustrate guidelines for developing receptive language; others describe procedures for monitoring the performance of hearing aides; and still others explore the major types of communication problems and their treatment. Because the hardware that client organizations own varies, we make many of these programs available in several formats, including 1/2 inch black and white videotape, 3/4 inch color videocassette, and 35mm color slides with accompanying audiocassette.

Reprints of articles that have appeared in professional journals are an important tool in our training and replication efforts. Other printed matter which was developed to complement the audiovisual materials has been useful in reinforcing the principles raised in the slide show or videotape. Over the past year, our staff has conducted nearly 60 different workshops, most of which employed both audiovisual and print media.

PROMOTION

Although the word "promotion" is often interpreted as a negative commercial concept, we consider the term appropriate to those materials that emphasize "Why do something" over "How to do it." Specifically, "promotion" means to us those activities designed to inform, influence, and induce a recipient to adopt a specified attitude or behavior. Although

verbal presentation and interaction are still important in disseminating our ideas and services, we have increasingly emphasized the use of media either to supplement or replace our verbal communication.

In reaching professional audiences such as audiologists, speech pathologists, pediatricians, otolaryngologists, and hearing and speech students, we used a variety of specially prepared print materials (including descriptive pamphlets and reprints of journal articles) to tell our story. Mixed-media exhibits using posters, slide presentations, and videotapes have enhanced our credibility and stimulated interest in our programs at such national conventions as the American Speech and Hearing Association, American Medical Association, American Academy of Ophthamology and Otolaryngology, and the American Academy of Pediatrics. A few of our audiovisual programs are primarily promotional, because they are designed to disseminate the important principles of the Bill Wilkerson Language Development Programs to other agencies and professionals.

In the mass media, too, we have learned some important lessons and are now able to utilize newspapers, radio, and television to obtain free publicity for projects such as the administration of free hearing tests for all children in Western Tennessee. We have developed positive relationships with the mass media in our area by sending out short, to-the-point, "newsworthy" press releases, appearing on radio and television "talk" shows, and soliciting feature stories about those activities which have genuine public appeal. One local television station even made available $7000.00 worth of studio time, talent, and the necessary materials at no charge, enabling us to complete the program "Parents: The Language Teachers." We have found that celebrities were quite willing to donate their talents by appearing in "public service announcements" which were then aired free of charge by radio and television stations. Even colorful posters and balloons can be used in imaginative ways to promote the services of a direct-delivery agency.

DEVELOPING THE MEDIA

By employing the services of outside professionals, we have moved from an embryonic stage in our media development

to a more sophisticated level. To produce the program entitled "The Name of the Game is Understanding," for example, we combined an animated cartoon sequence with a videotaped interaction between a mother and her hearing-impaired child. These materials, plus some additional 35mm color slides, were then assembled in a local television studio with music and voice narration into a finished program which is now available (for the cost of duplication) as a color videocassette, a 1/2 inch black and white videotape, or a 2 inch broadcast videotape. The total cost of producing this 45 minute program was under $4000.00.

RESPONSE TO OUR MEDIA

The reception given to our media materials has been excellent. Through both formal surveys and informal interaction, we have learned that people are responsive to messages that are conveyed in an attractive and straightforward manner. As copies of many of our materials are distributed to organizations around the country, we anticipate a "second-level" effect; instead of using personal presentation to introduce our media, the media will introduce our personnel. As the media grows away from our control (i.e., as it is distributed), it carries an increasing responsibility for encouraging and supporting our particular "innovation." Thus as McCluhan observed, the media becomes a literal extension of ourselves.

The use of print and audiovisual media is effective in helping us achieve our goals because --

It is predictable; it will tell the same story in the same way every time.

It can reach the total spectrum of people; it will reach innovators, resisters, opinion leaders, and the semi-silent majority.

It generates credibility and stimulates thinking; it presents our ideas in both a logical and affective manner.

It allows repetition; recipients can view materials over and over again; they need not listen to the "one-shot" speaker at the head table.

It is cheap to transport; it is especially inexpensive if it takes the place of a staff member.

It is good advertising; it facilitates any later personal interaction.

It is cost effective; it uses scarce

resources (time, energy, etc.) in an efficient manner.

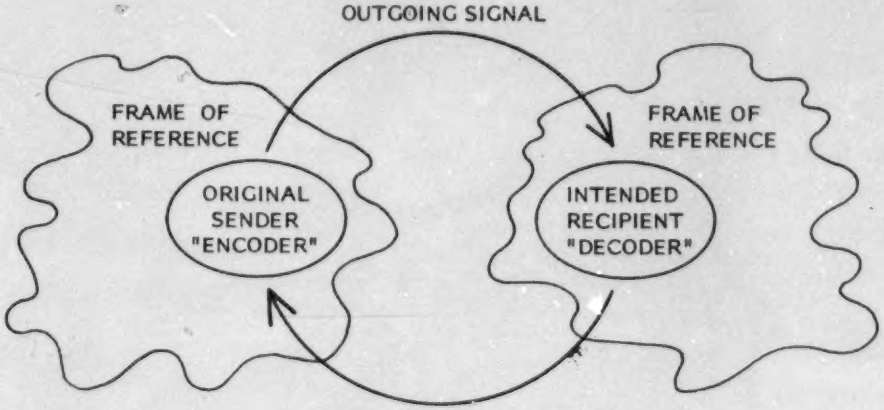
THE CLIENT'S VIEWPOINT

With the help of outside consultants from the fields of marketing and media production, we have attempted to understand the client's frame of reference and to develop or "encode" our messages accordingly. Formal techniques such as feedback forms are useful to us in periodically checking to make sure our perception of that frame of reference is correct. We believe that our perception of the benefits which are being broadcast is not nearly as important as the recipient's perception and interpretation of our messages. To be effective, the communication process must be complete. It is necessary to "close the loop," that is, to find out systematically how the message is being received and acted upon in order to modify our behavior.

CONCLUSION

Media is only the tool, the instrument, by which we can fashion and deliver a message. Communication is the process, and it thrusts us into a dialogue with our professional associates, our clients ... and ultimately, ourselves.

COMMUNICATIONS PROCESS



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His major professional interest is early childhood education. He is presently conducting research in the areas of education for the handicapped and program planning and evaluation.

He has published numerous articles in such journals as The Family Coordinator, Journal of Home Economics, *and* The Catalyst.

Reach-Out for Replication

Kay F. King, Ph.D.

In 1970, the early childhood network didn't even have a name; it was not until a year or so later that it became The First Chance Network. Definitions of replication and outreach, words which were destined to become commonplace in the Network, were plentiful. Was outreach the same as replication? Weren't the numerous assessment instruments, checklists, curriculum materials, and workshop packages examples, as their creators deemed them to be, of replication. On the other hand, weren't the cooperative arrangements which were designed to allow network projects to reproduce their model in other programs (e.g., Head Start) also replication?

It was in October of 1974 that BEH's Paul Ackerman issued a memorandum which gave some definition to "outreach." The document specified guidelines for outreach activities and emphasized "the stimulation of increased specialized services for young children with handicaps, and the development of models for effective outreach activities" (p. 1). It also addressed the topic of "criteria for funding Outreach Projects" (p. 4). These criteria could help projects in their first or second year of demonstration to place "replication" or "outreach" in its proper perspective among planning activities.

What BEH told us in 1970 was "it's three years of funding and you're out." This statement did not mean, of course, that funding would be granted for a three year period; it rather meant that if things went well with the project, funding could be awarded yearly for a maximum of three years. Consequently, each project had to begin what is now called replication as early in their first three years as possible--in case funding prematurely faltered. In other words, those of us who wanted to stay alive had to secure local or state support for the demonstration and service aspects of our projects no later than the end of the third year.

We acted early upon our plans to replicate or reach-out. Slide/tape presentations were developed on each aspect of our project (demonstration classrooms, training, evaluation, and dissemination). Other materials were developed for demonstration and dissemination: e.g., brochures, materials available checklists, and training handouts concerning typical and atypical children. In short, we went ahead with production of some very practical and usable materials during the first and second year. They weren't perfect, by any means, but they were not all that bad either. I guess we just didn't believe we had to wait for two or three years before we could "reach-out" or replicate. We knew we lacked many of the skills necessary to put a simple slide/tape show or brochure together, so it was necessary to solicit assistance from many different sources (i.e. wherever we could find it). Because of the nature of the children with whom we were working ("non-categorical") and the university-based medical setting in which we were housed, we knew we were not going to have a complete model or "package" to replicate in similar settings in three years. In fact we knew we didn't even want such a package. One of our major goals in replication was to produce materials that could be used ("replicated" in or adapted to) other situations.

Some ideas which have proven successful in our replication efforts or outreach activities are mentioned here for consideration. Most projects have been involved with these and a variety of other such activities.

REPLICATION-OUTREACH IDEAS

1. From the very beginning of your project plan for replication -- decide what you want to replicate, whom you want to replicate for, and the level of acceptance the product is likely to receive. Begin replication plans with the media and materials you will use to demonstrate your own project (i.e. abstract, brochure, slide presentation, organizational chart, results of needs/information assessment, publicity, etc.).
2. A formal and/or informal information and needs assessment should have been done before you submitted your initial project proposal. Updating this information each year will prove beneficial. Select specific target areas to concentrate on;

e.g., public schools, day care, Head Start, and state level agencies. See if you can "make a match" between the areas in which your project is becoming competent and the needs of such target groups. But remember, you can't be all things to all people.

3. Rather than have your demonstration classes consist of groups of children who stay with you all year, try reserving a few spots in each group for temporary diagnostic children who can be "spun back" into appropriate community settings. In the CEEP Project we bring the teacher and parent into our classrooms and assist them, when possible, in planning for the child's return to the community situation. We try to help the community teacher work more effectively with the handicapped child in a regular setting. Thus, the CEEP curriculum model or treatment strategies become naturally replicated in many community situations.
4. Try to place your project staff members, not just the project director, on various boards or advisory groups within your community or selected target area.
5. Involve your target community in planning and conducting your workshops or in-service training activities, when appropriate, from the very beginning of your project. The consultants you invite will often share some time with target area consumers.
6. We changed our Project Advisory Board to a Resource Support Committee after the first year; this allowed us more flexibility of membership. With the help of the Resource Support Committee, we were able to get some things done for the Project as well as for the entire community; we received invitations to be a part of other related community activities affecting young children; we appeared on programs; and we received newspaper coverage.
7. Be sure your progress reports are meaningful to your different consumers. What BEH needs may not be meaningful to your local or state agencies (from which future financial support might be forthcoming). When sent to the consumer, one or two page summaries of what you are doing or have done yields practical replication possibilities.
8. Contact another project by phone, if you are interested in some ideas they may have on ways of replicating similar aspects of your program. Most fourth,

fifth and sixth year projects have already been down the path of publication, copyright, media development, etc. A form letter was not effective and very seldom got us an appropriate reply; after reading of or hearing about another project's activity, a few minutes on the phone was well worth the cost. Utilize the help that is available in the already existing seventy or eighty projects in the Outreach Resource Support Network.

9. Try assisting others in securing funding on a cooperative basis. Effectively tying Title III, Title IV, or Title I Grants along with your project into a school system will certainly give you solid avenues for replication and outreach. It will also allow the school system to feel that the replicated material is its own. You can still sub-contract for a substantial portion of the replication activity.

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His major research and professional interests are the development and evaluation of home training programs. He has also conducted research in the use of paraprofessionals as teachers.

He has published "A Comparison of Paraprofessional and Professional Success with Preschool Children" in the Journal of Learning Disabilities.

Mr. Schortinghuis holds degrees from Morningside College and Colorado State University.

Portage Project Evaluation

Neal Schortinghuis

The evaluation of the Portage Project has varied from year to year as the specific goals and objectives of the Project changed. It started with a single (pre and post) assessment of the children in the Project, and gradually changed, in depth and complexity, into an attempt to evaluate outreach efforts. This paper is a discussion of the effort of fiscal year 1974.

EVALUATION OF OUTREACH ACTIVITIES

The evaluation of an outreach effort cannot be accomplished by the investigation of a single specific variable. Outreach, by its very nature and because of its objectives, should have impact on many aspects of a target population. Clearly, a project cannot investigate all the changes that might result from an outreach effort, especially the "serandipitous" events that may occur as a result of a project's impact on the target population.

The Portage Project chose evaluation techniques that would enable its staff to investigate variables related specifically to the outreach effort. The techniques included:

(1) training and technical assistance contracts with agencies;
(2) year-end requests for information from replication sites;
(3) requests for materials from replication sites;
(4) a conference of replication site directors; and
(5) curriculum evaluation.

THE TRAINING AND TECHNICAL ASSISTANCE CONTRACT

The Project has found that a training and technical assistance contract is imperative in setting priorities and evaluating administrative objectives. All training and technical assistance contracts include, in behavioral terms:

(1) a statement of the participating

agency's commitment to implement the whole or partial model (parts are specified);

(2) a statement of the number of individuals to be trained;

(3) the caseload of each home trainer;

(4) the date and length of the training program;

(5) the specific content of the training program (to be decided in cooperation with the participating agency);

(6) materials to be supplied for the training program by Portage or by the agency, e.g. a Kodak Carousel;

(7) number of follow-up visits to the site; and

(8) a commitment to supply the Portage Project with year-end evaluation information. (See Figure I for an example of a training and technical assistance contract.)

The contract has enabled the Portage Project to evaluate its ongoing outreach effort with the help of replication sites and to establish responsibility for modifying outreach efforts when problems occur. The contract has made it relatively easy to maintain information on the completion of contractual obligations and to compile such information so that it can be used for internal decision-making and progress reports.

YEAR-END REQUEST FOR INFORMATION

The year-end evaluation forms completed by each replication site were designed to help in assessing the impact of the outreach effort on both the target agency and the children being served by the replication site. The request for information consists of three forms. The first form is sent to the agency administrator in an attempt to retrieve administrative information concerning the impact of the Portage Project (Figure 2). The second form, which is completed by the master teacher, is designed to retrieve information on the overall impact of the Portage Project and on the functioning of the replication site (Figure 3). The third form, which is completed by each home trainer on each child that she has in her caseload, is designed to determine the impact on specific children (Figure 4).

All responses are coded so that specific cross-program and teacher comparisons

cannot be made. The Portage Project believes that this precaution both encourages replication sites to be co-operative and increases the validity of their responses.

"Response" information was compiled for the Portage Project Progress Report. Information concerning each replication site was mailed to the appropriate project director to assist him or her in evaluating his or her program (Figure 5).

CONFERENCE OF THE REPLICATION SITES DIRECTORS

A conference was held in the summer of 1974 with the directors of all replication sites. The conference was to be a way of evaluating or discussing, with the co-operation of project directors,

(1) the Portage Project training workshop,
(2) components of a successful home training program,
(3) modification of the model program to meet specific needs,
(4) use of assessment instruments, and
(5) curriculum modifications.

This conference resulted in a monograph summarizing the conference group's findings.

REQUESTS FOR MATERIALS FROM REPLICATION SITES

After the conference a request for materials was made to the replication sites. The request specifically asked for letters, brochures, newspaper articles, audio-visual materials, pictures, conference and workshop presentations, and taped radio spots for identification of children. The response was overwhelming: when compiled, it filled a 176 page document outlining the activities of the replication sites.

CURRICULUM EVALUATION

One of the Project's goals was to revise the "Portage Guide to Early Education." To accomplish this, a form was mailed to agencies and individuals who were using the "Guide." This form was designed to help determine the kind of situations the "Guide" was being used in (e.g., classroom, home-base), weaknesses of the "Guide," ways in which it could be extended, and other possible modifications (e.g., a different classification system). At

present, the information obtained by way of the form is being used in planning the revision (Figure 6).

The Project maintains an ongoing record of all presentations that are made (to whom and to how many), as well as a list of all visitors to the Project. The Project is planning a follow-up questionnaire for people who have been given a presentation in order to determine the impact that Portage materials had on their agency (as a result of the visit).

In summary, evaluation at the Portage Project is an ever changing system which is intended to provide answers to the questions that are asked internally as well as externally. We have found that if we answer our own questions satisfactorily, we usually have information to supply answers to questions others might ask.

The forms presented in this paper may be used by any project.

Figure I

PORTAGE PROJECT - PROJECT FORWARD

Middletown, Missouri

TRAINING & TECHNICAL ASSISTANCE AGREEMENT

OBJECTIVE	PROCEDURES	TRAINING AND TECHNICAL ASSISTANCE	EVALUATION
1) Project FORWARD will, during its first 6 months of operation, attempt to replicate the Portage Project.	1) The Portage Project will provide training and technical assistance to Project FORWARD based on needs and requests of Project FORWARD.	1) A training and technical assistance agreement will be developed outlining specifically the kinds and frequency of training and technical assistance that will be provided. This agreement will also state the obligations each project has in fulfilling said agreement. The training and technical assistance will include: a) preoperational technical assistance. b) preservice training five (5) days. c) two (2) follow-up visits-March and June. d) one (1) crisis (on call) visit at the Project Director's request.	1) Project FORWARD will at the end of 6 months be one of ten projects in the Portage Project continuation grant for 1974-75.
2) Project FORWARD will identify twenty (20) preschool children who are eligible for the project by December 20, 1973.	2 a) Meet with community leaders, explain program. b) Public service announcements (radio, TV, and newspapers). c) Meet with community services (Public Health Nurses, doctors, schools).		
3) The Project FORWARD home training staff will receive a five (5) day preservice training program starting Monday, 1/14/74, through Friday, 1/18/74.	3 This training program will include: a) child growth and development b) assessment techniques & curriculum planning c) writing behavioral objectives d) home training procedures and parent participation e) recording and reporting processes f) knowledge and use of community resources.	3) The Portage Project will in cooperation with the Project FORWARD Director, develop the five (5) day preservice training program and will provide at least two (2) staff members to implement this training program.	3) Pre-post tests will be administered on each phase of the training program. The trainees will succeed on 90% of the items on the posttest.

Figure 1 (continued)

OBJECTIVE	PROCEDURES	TRAINING AND TECHNICAL ASSISTANCE	EVALUATION
4) Project FORWARD will provide the Portage Project with pre-post data including: a) gains made by children b) staff performance c) parent performance to be used by, but not exclusively by, the Portage Project for dissemination purposes.	4) The Project FORWARD staff will administer pre-post tests to the children served and supply this data to the Portage Project. The staff will also conduct parent surveys measuring attitudinal changes at the Portage Project's request. Data regarding staff performance and the gains made by children served by each staff member will also be reported. The Alpha Roll Developmental Profile will be administered as the pre-post evaluation. Project FORWARD is not limited to the use of this instrument exclusively.	4) The Portage Project will train the Project FORWARD home training staff to administer the tests to be used. (The Portage Project will submit all tests to be used to the Director for approval prior to their administration.	4) All pre-post tests agreed to be administered by the Portage Project and Project FORWARD will be provided to the Portage Project by 1/14/74.
5) To provide ongoing training and technical assistance to the Project FORWARD director and staff.	5) a) The Portage Project will send at least one (1) agent to Project FORWARD for two (2) follow-up visits to: 1) assist the home training staff in curriculum planning, parent participation and the home training process. This would include accompanying the staff into the homes. 2) acquire feedback from the project staff regarding the success of the home training model and the usefulness of the training and technical assistance provided. 5) b) One (1) additional visit will be provided on an on-call crisis situation at the director's request.	5) Same as procedures. These visits would take place in March and June and will last at least two (2) days per visit.	5) Two (2) follow-up visits will be made by June 30, 1974.

Signature

Date: _____

_____
Project Director
Portage Project

Date: _____

Signature

_____
Project FORWARD Director

Figure 2

I. Project Information:

1. Project name _____

2. Project administrator _____

Percent of time with project _____

3. Master teacher's name _____

Percent of time with project _____

4. Administrative agency or agencies (within what organization is the project housed) _____

5. Major funding sources (e.g., OCD--Title I) _____

Of total cost of project, what percent is:

a. Federal funds _____ What title etc. _____

b. State funds _____ What - DPI, Mental Health _____

c. Local funds _____ What P.S. - County _____

6. Number of personnel employed by project _____

7. Number of personnel employed full-time _____

8. Number of personnel employed part-time _____

9. Number of children enrolled in project on May 1, 1974 _____

10. Average number of children served per week by a full-time home teacher _____

11. Professionals employed by project

Name	Degree	Area	% of Time With Project	Caseload

12. Paraprofessionals employed by project:

Name	Education	% of Time With Project	Caseload

13. Per pupil cost per month of service (see instructions) _____

14. Number of children in project (May 1) who also attend a classroom project _____

Training

15. Dates of training workshops held by Portage staff (Portage Preservice Training) _____

16. Number of personnel directly trained by Portage staff _____

17. Number of hours per week a home teacher devotes to inservice training (staff meeting) _____

Dissemination

18. Has project developed a brochure? ___yes ___no

If yes, please enclose.

19. Has project developed a slide-tape or film? ___yes ___no

20. Has project developed any other dissemination materials?

If so, what? _____

(Please enclose a copy.)

Figure 3

II. Group information: PROJECT NAME _____

1. Date project began direct service to children _____
2. Number of children your project referred to other individuals or agencies for diagnosis and evaluation _____
   - Medical _____
   - Psychiatric _____
   - Neurological _____
   - Psychological _____
3. Number of children screened (May 1, 1974) _____
4. Number of parents who refused screening (May 1, 1974) _____
5. What is the criteria for entry into the project _____
   _____
   _____
   _____
5. Number of parents who refused project although their children met entrance criteria _____
7. Number of parents who dropped out of program because:
   a. Moved _____
   b. Dissatisfaction _____
   c. Unknown _____
   d. Other _____
8. Number of children who were dropped from program because they no longer needed home intervention _____

Figure 4

III. Individual information:

Assign each of your children a number (consecutive: 1-15)

On this form do not use the child's name, use his assigned number. (No two numbers will be the same)

1. Child's number ____ Child's sex: ____male ____female
2. Date of birth _____ Home teacher _____
3. Project name _____
4. Date of entry into project _____
5. Date of pre-test _____
6. Date of post-test _____
7. Number of months - pre to post-test (to nearest month) _____
8. Alpern-Boll results:

	Pretest	Post-test
Physical	_____	_____
Self-help	_____	_____
Social	_____	_____
Academic	_____	_____
Communication	_____	_____
Chronological age	_____	_____

9. Other test results

Test, Date, Score, If Re-tested give date & score

_____
_____
_____

Figure 4 (continued)

10. Number of home visits missed _____

    Parent request (illness in family; vacation) _____

    Parent not home _____

    Home teacher unable to make visit (weather, illness) _____

11. Number of home visits made (including initial visit) _____

12. Number of prescriptions left in home _____

13. Number of prescriptions completed successfully in one week

    Period of time _____ (x)

14. Prime person working with child on prescription

    _____Father

    _____Mother

    _____Other (please specify)

15. Single parent: ____yes ____no

16. Head of household - occupation _____

    Spouse's occupation _____

17. Number of younger siblings in home _____

    Number of older siblings in home _____

18. Is mother employed outside of home? ____yes ____no

Figure 5 Middletown, Missouri

Project FORWARD

102 Opportunity Way

Middletown, Missouri 39799

Director	Children Served	Phone
Jane Smith	Head Start, 0-3 years	414-5628

Criteria for Entry into Project

Office of Economic Opportunity income qualification guidelines for Head Start.

Number of children enrolled:	53
Number of personnel:	5.3
Major funding source:	OCD

Number of children referred to other agencies for diagnosis and evaluation:

Medical	3
Psychiatric	0
Neurological	0
Psychological	0

Number of children screened:	57
Number of parents who refused screening:	0
Number of parents who refused project although their children met entrance criteria:	4

Number of parents who terminated the program:

a. Moved	3
b. Dissatisfaction	0
c. Unknown	4
d. No longer needed program	0

Number of prescriptions left in home:	1728
Number of successful prescriptions:	1376

Figure 6

PORTAGE GUIDE CRITIQUE SHEET

AGENCY NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

1. Staff utilizing the Portage Guide:

   certified teachers; paraprofessionals; speech clinicians;

   parents; occupational or physical therapists; nurses;

   other _____

2. Children served with the Portage Guide:

   A. Ages: 0-3; 3-5; 5-7; 7-10; above age 10

   B. Functioning level: normal; "educationally disadvantaged"

      i.e., Head Start; severe or profoundly handicapped;

      moderately handicapped; mildly handicapped

   C. Handicapping conditions: none; mentally retarded;

      emotionally disturbed; physically handicapped;

      hearing impaired or deaf; vision impaired or blind;

      learning disabled; other _____

3. Type of program:

   home based; center based (classroom)

   home-center based (combination of home and classroom programming)

4. Did your staff use the Portage Guide to Early Education as a major source for curriculum assessment and curriculum planning?

   yes; no

   Comments: _____

   _____

5. Did your staff use one part of the Guide more than the other?

   yes; no

Figure 6 (continued)

6. If your staff used one part more than the other, which did you find more valuable?

   checklist; cards

   Comments: _____

   _____

7. Did your staff follow the Guide (checklist and cards) very closely with little modification?

   yes; no

   Comments: _____

   _____

8. Did your staff make specific written modifications of the checklist or cards and would you be willing to share those with us?

   yes; no

   Comments: _____

   _____

9. What does your staff like best about the Portage Guide to Early Education?

   _____

   _____

10. What does your staff like least about the Portage Guide? _____

    _____

    _____

Specific suggestions for modification:

_____

_____

_____

* If your suggestions are used in the next edition, you will receive full credit.

MANY THANKS FOR YOUR HELP! THANKS TO YOU, IT WILL WORK BETTER!!

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She is currently the Project Administrator for the Special-Regular Education Curricula Project (Titie III ESEA) of the Minneapolis Public Schools.

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Continuation Funding for Preschool Special Education

Cassandra Jordan

When I became project director for the Preschool Special Education Project (PSSEP) in September 1971, the project was beginning its second year of operation. I walked into a hodge-podge organizational structure which even now I do not clearly understand. In fact, the structure has probably become even more complicated that it was as a result of the present funding arrangements.

The basic facts, however, are and always have been very clear. They are that:

1. we were federally funded to provide a model "Preschool Special Education and Habilitative Program for Inner City Youngsters and Their Families" (our official project title);
2. we had guaranteed funding for three years for this purpose only; and
3. we were to serve as a catalyst for increasing services to preschool handicapped children through replication and continuation processes.

No one hinted when I began that the third fact or charge of responsibility could well become pretty near an impossibility.

Not having been involved with the project during its first year, I was immediately faced with the realization that our survival beyond the third year was very much dependent upon my skills as a maneuverer, politician, and saleswoman -- call it what you like. It was not until mid-year that I was in a position even to think about resources for continuation funds. When I did get started in seeking funds, it took only the first few efforts to reveal that while others felt that project activities were needed, worthwhile, and definitely of benefit to the children we served, there was no money. It was extremely difficult to make progress. The Board of Education expressed sincere concern and sympathy but found it

"impossible" to allocate funds to a non-mandated program when so many mandated programs were being cut, or were in jeopardy, due to insufficient funds.

Don Stedman under the auspices of TADS came to assist in our search for funds. He indicated possible resources such as funds provided through the Developmental Disabilities Act (DDA), title funds, foundations, etc. We tried them all, but to no avail. I finally realized that we were not going to get enough money from any one source to continue the services. So began the exploration of other alternatives, out of which developed a most unique (for Rochester) and workable arrangement which presently provides for the continuation of services to preschool handicapped children in our area.

The arrangement is unique in that three very separate and distinct agencies within the community are working together through one comprehensive program to provide services to preschool children with handicaps. These agencies are the Monroe Developmental Services of the New York State Department of Mental Hygiene; the Day Care Training Center for Handicapped Children of Monroe County, Inc.; and the City School District of Rochester.

The program provides for three primary components -- diagnosis, habilitation, and training of staff and parents. The diagnostic unit -- referred to as the Allied Professional Team -- is federally funded by the Social and Rehabilitation Services and is administered by the Monroe Developmental Services. Habilitative services are provided through the Day Care Training Center for Handicapped Children of Monroe County, Inc., which is a Community Chest Agency; this component includes an extensive parent program. Training and other technical assistance for program staff, parents, and the staffs of other interested agencies are provided by federal funds from the Bureau of Education for the Handicapped which are administered through the City School District of Rochester.

Each agency has its own staff which works under the supervision of a project director retained by the three participating agencies. It is the responsibility of the director to administer, supervise, and coordinate all program activities.

This plan has worked exceptionally

well. It has also for the most part assured the continuation of these services within the community. It is my feeling that we were most successful in our primary purpose as a demonstration project.

The frustrations I encountered were due in part to my own inadequacies in effectively reaching out to possible resources. Unfortunately, there was no one available to assist who was any more knowledgeable than I. This absence of assistance hindered progress and raised my frustrations almost beyond the tolerance level.

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